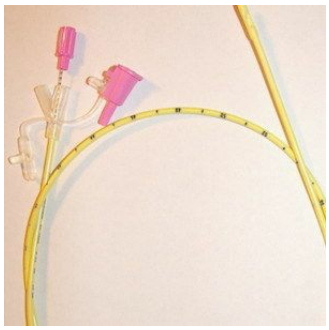
ICU
MANAGEMENT & PRACTICE

## Nutrition Therapy - ASPEN/SCCM Updated Guidelines



The 2009 American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) nutrition therapy guidelines for critically ill patients have been updated by a multidisciplinary committee of experts in clinical nutrition and are published by ASPEN and the Society of Critical Care Medicine (SCCM) in the *Journal of Parenteral and Enteral Nutrition* .

The guidelines are for adult patients (≥18 years), who are expected to stay in a medical or surgical ICU for more than 2 days. The guidelines were developed through analysis of the literature, other national and international guidelines and expert opinion. They are designed to be practical in the clinical setting.

The recommendations cover assessment and initiation of therapy. For enteral nutrition (EN) they advise on dosing, monitoring tolerance and adequacy, choosing the formula and adjunctive therapy, such as fibre additives or probiotics. For parenteral nutrition (PN) they recommend when to use it, and evaluate the evidence on maximising its efficacy. There are specific sections on pulmonary failure, renal failure, hepatic failure, acute pancreatitis, surgical subsets - trauma, traumatic brain injury, open abdomen, burns, sepsis, postoperative major surgery, chronically critically ill, obesity in critical illness and end-of-life situations.

*See Also*: Nutrition monitoring

### Nutrition Bundle

The following are based on the top guidelines as voted on by the committee of experts.

1. Assess patients on admission to the intensive care unit (ICU) for nutrition risk, and calculate both energy and protein requirements to determine goals of nutrition therapy.
2. Initiate enteral nutrition (EN) within 24–48 hours following the onset of critical illness and admission to the ICU, and increase to goals over the first week of ICU stay.
3. Take steps as needed to reduce risk of aspiration or improve tolerance to gastric feeding (use prokinetic agent, continuous infusion, chlorhexidine mouthwash, elevate the head of bed, and divert level of feeding in the gastrointestinal tract).
4. Implement enteral feeding protocols with institution-specific strategies to promote delivery of EN.
5. Do not use gastric residual volumes as part of routine care to monitor ICU patients receiving EN.
6. Start parenteral nutrition early when EN is not feasible or sufficient in high-risk or poorly nourished patients.

In an accompanying podcast, Editor-in-Chief Kelly A. Tappenden, PhD, RD interviews committee members Dr. Stephen McClave, Dr. Beth Taylor, and Dr. Robert Martindale about the process and the main changes since the last published guidelines. They were at pains to emphasis that although the cut-off date for evidence evaluated was 31 December 2013 they ensured that the guidelines are consistent with studies published after that date.

Source: American Society for Parenteral and Enteral Nutrition
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